

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000049885

Entity Name: K & M OF FLAGLER COUNTY, LLC

FILED  
Apr 30, 2006  
Secretary of State

**Current Principal Place of Business:**

290 CYLDE MORRIS BLVD., SUITE B-2  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

290 CYLDE MORRIS BLVD., SUITE B-2  
ORMOND BEACH, FL 32174

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RUST, JAMES W D.P.M.  
290 CYLDE MORRIS BLVD., SUITE B-2  
ORMOND BEACH, FL 32174 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: RUST, JAMES W D.P.M.  
Address: 290 CYLDE MORRIS BLVD., SUITE B-2  
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGR ( ) Delete  
Name: GREEN, ANDREW B D.P.M.  
Address: 290 CYLDE MORRIS BLVD., SUITE B-2  
City-St-Zip: ORMOND BEACH, FL 32174

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JAMES W RUST

MGR

04/30/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date